



00684.003101

PATENT APPLICATION

11/Suppl.
Amend C
P. Wall
3-18-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

AKIRA HIGETA, ET AL.

Appln. No.: 09/695,868

Filed: October 26, 2000

For: PROCESS CARTRIDGE
REMANUFACTURING METHOD

)
: Examiner: Quana M. Grainger
)
: Group Art Unit: 2852
)
:
)
: March 6, 2003
)
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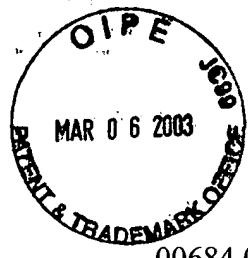
Commissioner for Patents
Washington, D.C. 20231

Supplemental Amendment

Sir:

As a supplement to the March 3, 2003 Amendment, please further amend the claims as follows:

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
AKIRA HIGETA, ET AL.) : Examiner: Quana M. Grainger
Appln. No.: 09/695,868) : Group Art Unit: 2852
Filed: October 26, 2000) :
For: PROCESS CARTRIDGE) : March 6, 2003
REMANUFACTURING METHOD) :
:)

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	57	MINUS	57	= 0	x \$9 \$18	0
INDEP. CLAIMS	4	MINUS	4	= 0	x \$39 \$78	0
Fee for Multiple Dependent claims \$130°/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

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2852

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

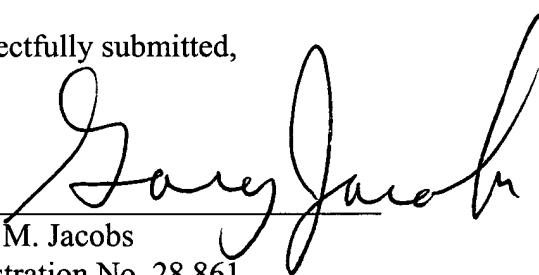
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Gary M. Jacobs
Registration No. 28,861

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